Approved, SCAO JIS CODE: ARW

STATE OF MICHIGAN

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PROBATE COURT COUNTY OF	AUTHORIZATION TO RELEASE WILL HELD FOR SAFEKEEPING	
Will of		
I authorize the court to deliver to Name		
the sealed envelope containing my will	and codicils, if any, being held for safe keeping in t	the
County Probate Court.		
Date	Signature of testator	
	Address	
	City, state, zip	
	XXX-XX-	or rity number or Michigan driver's license numbe
	Last four digits of social section	inty number of wildingan driver's ilcense number
	OATH OF WITNESS	
NOTE: Neither the witness nor the note	ary can be the person authorized to accept deliver	у.
I, Name of witness	, being duly sworn say that	the named testator signed the above
authorization in my presence.		
Date	Signature of witness	
Subscribed and sworn to before me on		County, Michigan.
	,	
My commission expires:	Signature:	
Notary public, State of Michigan, Count	y of	

Do not write below this line - For court use only